

**Exhibit A**  
**STATEMENT OF WORK**  
**City of Mercedes**

**Section I** In summary, describe the service(s) that will be provided by the agency as a result of the 2015 CDBG award.

City of Mercedes CDBG funding will be used to serve and assist at least (18) homebound and frail adults age 62 & over living at home who need person-to-person support to continue living at home.

**Section II** State the CDBG grant amount awarded and name of awarding City / Precinct.  
**\$7,500** Awarded By: **City of Mercedes**

**Section III** Describe the proposed type of expenditure(s) utilizing CDBG funds.

City of Mercedes CDBG funds will be used to provide a small tax-free stipend of \$2.65 per/hour and serve an average of (18) homebound clients who are identified as at-risk of losing their independence.

**Section IV** Describe what services will be provided as a result of the CDBG award, describe how the activity awarded CDBG funds will be performed, describe when services will be conducted (day, time, in school / after school, seasonal, etc.).

Senior Companions will be recruited, trained and placed in an in-home setting and will assist the frail individuals with daily tasks of living; to enable these such as light housekeeping, meal preparation, light laundry, errands, personal care, and relief for caregivers in home.

**Section V** Describe how funds will provide an increase in services or provide a new service to extremely low and/or low to moderate income residents. (EX: Additional ESL classes will be offered; new sports program will be created for the youth, etc.)

Senior Companion Volunteers will be offered to serve and assist homebound and frail adults living at home who need person-to-person support to continue living at home usually between the hours from 8:00 am to 5:00 pm Monday thru Friday, excluding holidays and weekends. Additional New service will be offered to provide transportation to elderly clients to and from their home for medical, financial or personal necessities.

**Section VI** Describe the program beneficiaries (age/gender), estimated number to be serviced within the boundaries of the service area, economic background and area of residency.

City of Mercedes CDBG moneys will be used to serve and assist at least (18) homebound and frail adults living at home who need person-to-person support to continue living at home.

**Section VII** List all locations (physical address) where the service(s) will be provided.

Services will be coordinated through the Senior Community Outreach Services, Inc. office located at 840 W. Austin Avenue in Alamo, Texas 78516-2516. Services for beneficiaries will be provide at their respective home within the boundaries of City of Mercedes.

**Exhibit B-1  
GRANT BUDGET  
City of Mercedes**

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed up to two (2) amendments to the budgeted amounts. Proposed changes to the budgeted amounts must be submitted in writing to UCP prior to the preceding month of the change.

<b>TYPE OF EXPENDITURES</b>	<b>BUDGETED AMOUNT</b>
SCP Volunteer Stipend @ \$2.65 per/hour	\$ 7,500
<b>TOTAL GRANT BUDGET:</b>	<b>\$ 7,500</b>

**Exhibit B-2  
PAYMENT SCHEDULE  
City of Merced**

Subrecipient must submit a payment schedule to expend the CDBG award by completing the table below. Proposed changes to the payment schedule must be submitted in writing to UCP for review and approval **prior to the preceding month of the change**. Subrecipient will be allowed up to two (2) amendments to the payment schedule.

<b>2015- 2016 For the Months of...</b>	<b>Estimated Amount Of Expenditures</b>	<b>Type of Budgeted Expenditures</b>
July		
August	\$1,500	SCP Volunteer Stipend
September	\$1,500	SCP Volunteer Stipend
October	\$1,500	SCP Volunteer Stipend
November	\$1,500	SCP Volunteer Stipend
December	\$1,500	SCP Volunteer Stipend
January		
February		
March		
April		
May		
<b>TOTAL:</b>	<b>\$ 7,500</b>	

Note: Monthly expenditures are considered proposed. Amendments to the payment schedule must be requested when the *actual* monthly expenditure **exceeds** the estimated amount by 50%. If the *actual* monthly expenditure is **less** than 50% of the estimated amount, an amendment must be requested to the Urban County Program for review and approval.

**Exhibit C  
SCHEDULE OF ACTIVITY  
City of Mercedes**

Subrecipient hereby agrees to perform services as outlined in **Exhibit A**. A proposed monthly schedule of activity should be provided in the table below. The schedule should not exceed the agreement time frame of eleven months.

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval **prior to the preceding month of the change**. The subrecipient will be allowed up to two (2) amendments for the term of the agreement.

<b>2015 - 2016 For the months of....</b>	<b>Number of <u>Unduplicated</u> Beneficiaries to be Serviced</b>	<b>Services Provided</b>
July		
August	14	In-Home Care Service
September	4	In-Home Care Service
October		
November		
December		
January		
February		
March		
April		
May		
<b>Total for the Year:</b>	<b>18</b>	

Note: The number of unduplicated (individual) beneficiaries to be served should be counted only **once** per year.